

IDAHO STATE LICENSING BOARD OF PROFESSIONAL COUNSELORS AND MARRIAGE & FAMILY THERAPISTS

BUREAU OF OCCUPATIONAL LICENSES

700 West State Street, P.O. Box 83720

Boise, Idaho 83720-0063

Phone (208) 334-3233, Fax (208) 334-3945

E-mail cou@ibol.idaho.gov, Web www.ibol.idaho.gov

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION

This is a "request for approval" application for continuing education offerings not otherwise approved by the Board. It must be completed in its entirety. If additional space is needed, add separate pages and note the corresponding item number on your response. All advertising brochures, posters, and/or promotional materials, if used, must accompany the application. A course syllabus or outline including objectives, methods used, and a resume listing each instructor's qualifications and affiliations must also accompany this application. Applications must be received well before the offering date to allow the Board adequate time to review the materials. Check the applicable Board laws and rules for applicable deadlines. The board may deny credit for any course that does not meet the requirements of Idaho Law or Rule. Please review the requirements before submitting your request.

Course, Seminar or Conference Title _____

1. Sponsoring Organization or Institution _____

2. Applicant Contact information:

Name _____

Phone _____ Fax _____ Email _____

Street _____ City _____ State _____ Zip _____

3. Name(s) of co-sponsors (if applicable) _____

4. Date(s) and location(s) of offerings:

FROM _____ **TO** _____ **LOCATIONS** _____

5. Fee to be charged \$ _____ Fee includes _____

6. What best identifies the educational format?

Lecture Conference Forum Workshop Home Study Distance Learning

Other _____

7. Name of attendance officer _____

8. Method of certifying/assuring attendance _____

(Attach a copy of the attendance certificate that will be provided to each attendee.)

9. Who will maintain original attendance records for verification? _____

(The applicant is required to maintain proof of attendance.)

10. Is an examination part of the course? ☐ Yes ☐ No

If yes, attach a description of the process. _____

11. Is a course evaluation form provided to attendees? ☐ Yes ☐ No

If yes, provide a copy of the form. _____

12. Has this course been approved for education or continuing education credit by any local, state, or national entity? ☐ Yes ☐ No

If yes, enter name of approving entity and attach a copy of the approval document. _____

13. Attach a course agenda, including objectives & methods used.

14. Does this course either promote or offer a product or apparatus to those attending? ☐ Yes ☐ No
If yes, this must be explained on a separate attachment to this application and disclosed *in any advertisement*.

13. Will those attending be given a product as a gift or sold at a reduced price? ☐ Yes ☐ No

COURSE ADDENDUM

Complete the Course Program Addendum by listing the name(s) of instructor(s), exact hours per day each course is scheduled to run, the CE's (or clock hours) being requested for approval which apply only to educational contact hours, whether a course is relevant to one or more specific disciplines or license types, and whether or not approval for Pre-Licensure credit is being requested. CE hours do not include breaks. An instructor resume and course agenda must be submitted for each instructor and course listed (show hours in full hours or by 15 minutes increments).

Instructor Name	Course Title	Contact Hours	# of CE's
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If you need additional space for more courses, please attach a separate listing that includes the requested information.)
Upon completion, this application must be **printed in hard copy and signed and notarized**. Submit the completed application together with all of the requested supporting documentation to the Bureau of Occupational Licenses at the address noted.

APPLICATION FOR APPROVAL OF CONTINUING EDUCATION AFFIDAVIT

I hereby certify that all information listed on this application and on the attached material is true and correct; that the proposed training is described accurately and completely; and that nothing has been omitted. I understand that the Board may request additional information and may delay or deny this application should requested information not be received.

Print Name _____

Title _____

Signature

State of _____, County of _____, ss

Subscribed and sworn before me this _____ day of _____, 20 ____.

Notary Public Official Signature

My Commission Expires _____

(seal)